***I'm glad to hear that you have found other employment, I was somewhat disappointed that you resigned but I had the feeling you found yourself in the middle of things and had no alternative. I'm not exactly sure how I reached that conclusion without ever having to spoke to you but when I heard the news based on what I had learned up to that point that was my reaction.***

My decision to resign was of multiple origins. I was tired of defending my actions (in particular in these cases) especially when I knew they were the right actions to take. I have taken such actions many times with white employees (and black) and there has never been a problem in the five years that I have been with UTMB and now suddenly there is. It also just happens that these three individuals are pretty close to one another by more than coincidence. If these were three totally individual cases, separated in time and place, with similar instances then even I would have to concede they would be more believable, but that is just not the case.

I was also tired of working 50+ hours a week and having few resources to resolve problems. I was tired of looking exhausted Nurse Mangers in the face and not being able to get them the resources they needed to run their units effectively. I was tired of living my life with three or four email accounts and a cell phone that never seemed to be quiet and wondering when I was going to get a full restful night sleep? My wife was beginning to ask me when I was going to spend some time with the family and leave work at work. So yes I had alternatives, and this time I chose the one that seemed best for me, my family and my health. And in spite of all of this I still have some faith in the system and I think your investigation will show I was right in my actions.

I also would like to point out that in cases where significant disciplinary actions are taken there are multiple levels of review. By way of an example in the cases of Ms. Fisher, and Ms. Kelly this was scrutinized by myself, Ms. Gotcher the Divisional DON, Ms. Rader the District HR Administrator, Ms. Melton the District HR Administrator and Mr. Pemberton, the HR Director for the CMC. Now, think about it. These are ALL experienced and trustworthy individuals. What is the possibility that even if I did have some occult agenda (which I did not) that I could have fooled all of them? What is the chance this could have all been a conspiracy? That is the reason we have checks and balances built into the system. Of all of the disciplinary cases I have ever been involved in at any level they have always met the scrutiny. Sir, I submit to you if there is a conspiracy here it resides with the three complainants. If in this case I have failed in my job then the whole system has failed.

However, I have to say that since you have never even spoken to me or heard my side of the story yet you have already concluded that you feel I "had no alternative" it concerns me deeply. It sounds as if you have already reached your conclusion without hearing my side of things and interviewing some people whose views I think could be crucial. I certainly hope that is not the case Mr. Williams. Your professional reputation within the UTMB is that of a fair and unbiased man. I sincerely hope that continues to be true in my case.



EXHIBIT
D-12
CA 4:08-cv- 01273

***When you Gotcher and Melton conducted the investigation of Fisher, whose idea was it to conduct the investigation? Why wasn't the facility management included in the investigation? Why was Melton included in the investigation rather than Rader? and Why wasn't notes kept of the investigation?***

I conducted no investigation whatever. Ms Gotcher suggested that she come to the RMF and conduct interviews with the staff. I can not say one way or the other whether she considered it an "investigation", I however, did not. I would characterize it as more of an objective inquiry by an outside and uninvolved third party.

Problems surrounding Ms. Fisher's conduct and leadership style seemed to have followed her from her previous units. I had supported her and her efforts at the other facilities tirelessly up till the time I reassigned her to the RMF. I reassigned her in part to see how she interacted with the staff and felt if the problems/complaints I had experienced previously such as being condescending, retaliatory and short with staff, were to continue in a new environment, that would lend some measure of support to the claims. This pattern did in fact reemerge there. I kept Ms. Gotcher abreast of the situation and confessed that I was unsure of what to do. Four of the ER RNs (Anderson, Lowder, Darby and Moreau) came to me and essentially told me I was going to have to choose between them or Ms. Fisher and if she remained they would not. They were tired of her abuse and actions. It was about this time that that Ms. Gotcher offered to come have a look with a fresh outside perspective. She had offered several times prior to this but I wanted to resolve my own concerns and had resisted up till that time. Finally feeling at wits end I agreed for her to come.

As for who/why Ms. Melton came I don't know and can not address that question. You should take that up with Ms. Melton/ Ms. Gotcher.

As far as notes go I have known Ms. Melton for some years and I would be shocked to find that she didn't keep meticulous notes, but I have no first hand knowledge one way or the other. I made every effort to remove myself from the whole affair in order not to have any question of internal bias. I had no direct knowledge of who all they spoke with.

***Who determined who would be interviewed? Why?***

I can not provide you with the names of those interviewed. I was not present for the interviews. Participation in the interviews was completely voluntary. I sent out a unit wide email to the staff saying that the DON was coming and anyone who wanted to meet with her was free to do so. No one was selected or called per se. I was approached by two staff members who had complained about Ms. Fisher in the past and said they were afraid to talk with Ms. Gotcher and speak openly of their concerns about Ms. Fisher for fear of retaliation from her. I told them that if they had a problem this was an opportunity to express their concerns and if THEY chose not to do so, that was their decision, but if so not to continue to complain to me. If they were unwilling to stand up and speak openly about what they considered to be actual problems then as far as I was concerned they were just complaining.

I had noted that most of the people who seemed to have issues with Ms. Fisher were white. I was concerned that what was presented to Ms. Gotcher would not be balanced. As a result of this I went to the Medical Director, Dr. Bobby Vincent (African American) who seemed to have a close working relationship with Ms. Fisher. I told him I was aware of a certain amount of descent in the staff and I also knew there were two sides to every story and I wanted an unbiased presentation. I asked him if he might let some of the staff know that the people who were satisfied with the situation might also be encouraged to go speak up (including himself). He agreed to share this with staff. I also spoke with Ms. Proctor (African American). Ms. Proctor has a reputation of being very unbiased and honest. I encouraged her to share her views of the workplace with Ms. Gotcher. As it turned out she had just returned from the interview. I am also aware that Dr. Vincent did go and share his views with Ms. Gotcher.

One of the people who was verbal to me but was initially reluctant to speak openly was Victor Aguilar, Assistant Nurse Manger under Ms. Fisher. After he departed and I felt he would feel safe to say what he felt, I sent him an email and asked that he describe his concerns based upon things he experienced while he was there. I am pretty sure I can find his response (document). I was unable to locate those from Ms. MacCartney. They were very damning of Ms. Fisher. I think you will see that they support her poor behaviors.

So I had at least 2 staff nurses complain to me about Ms. Fisher and the manner she treated them, 4 ER nurses and three assistant Nurse Managers. Ms. Gossett came to me when she learned that Ms. Fisher was coning to the RMF. She stated that she wanted to transfer and go with Ms. Adams. She went on to say that when she had worked with Fisher before she was mean, crude, retaliatory and conniving. I told Ms. Gossett that I was not aware of Fisher's past behaviors but even it all of that were true we all grow and I felt she should give Fisher the benefit of the doubt. She reluctantly agreed and later resigned which I got the impression was because Fisher was running her off. Mr. Aguilar told me shortly after Ms. Fisher came that he felt he could not learn from her and wanted to transfer with Ms. Adams. I told him about the same thing I had told Gossett. He later was more candid and said he felt that Fisher was trying to run him off, that she undermined his authority with the nursing staff and failed to keep him apprised of operational decisions that affected his job. In retrospect I feel he was correct. Later I had conversations with Ms. MacCartney and she related similar feelings. In my mind this more than constituted a problem and a pattern of behavior which was in fact very similar to concerns I had heard from employees from Ms. Fisher's previous assignments.

My experience was that once Ms. Fisher made up her mind about something there was no changing it. As an example I received several complaints about her from the staff that she would get into verbal disputes with them. When they would try to explain themselves she would just talk louder and talk over them. I mentioned this to her on several occasion and asked her to try to be more sensitive when having conversations with staff. In every case she denied it was happening at all and that the staff were just whining. This continued to be a pattern. One day in my office I was having such a conversation and she continued to interrupt and talk over me (her own supervisor). At one point I held up a hand and interrupted her and pointed out what she was doing and if she was doing this to me, AND this was exactly the same behavior pattern reported to me why would I now believe her when she denied doing the same to her subordinates. She

paused for a while and agreed that maybe she should pay more attention to listening as opposed to talking. She later presented a goal to me for her annual evaluation that reflected this. About a year after, when the complains were resurfacing, I suggested that she again use this or a similar goal, but this time she maintained I was making it a personal attack.

I am aware that it tends to be people who are not satisfied with circumstances who speak up. As you can see I was motivated to have a balanced view point shared and took what actions I felt I could to see that was done. I had no ax to grind with anyone, but I did want a fair and unbiased viewpoint so that employees who were satisfied with the situation had an opportunity to have their say.

***I could be totally off base in my belief that any problems with the health delivery would involve the medical director, yet he was not included in the investigation. Why?***

This was principally a nursing issue and as you can see from the above answer the medical director was involved. I don't see this as a "health delivery" issue so much as an esprit de corps and/or quality of management issue. While I believe there was some racial division that existed at the RMF, which I feel Ms. Fisher made worse, I also feel there were cliques and there were the "Pro Fisher" and "Con Fisher" cliques. Ms. Adams, another Cluster Nurse Manager, informed me that she had personally overhead a conversation take place between Ms. Fisher and another black manager wherein they agreed to make a pact between themselves to protect black employees. This further supports my belief that Ms. Fisher had an agenda based or racism rather than performance. I specifically asked Ms. Adams if she would relate this to you as she did me and she assured me she would. Feel free to contact Mary Adams to verify this.

***What was the racial makeup of those persons interviewed? Can you give me the names of all the persons who were interviewed?***

(see previous answers)

***When the facility management, i.e., Samarneh and Vincent requested a meeting regarding the issues on the unit, why wasn't a meeting held?***

I have no recollection of any such request. What I did find when going through old documents was an email requesting for them to meet with me and fill them in on what direction we were going to be taking at the RMF in Ms. Fisher's absence. I am uncertain, but I think I did speak with them either individually or perhaps together. I believe I explained that I was unable to discuss the situation regarding Ms. Fisher as it was then in a disciplinary state and I seem to recall they both stated they understood completely. I seem to recall I told them that Ms. MacCartney would be first line supervision with my backup until such time I could hire another CNM or another resolution was reached. I can produce that email if needed but the date will show it was after action had been taken with Ms. Fisher.

***Were you included in the meeting held with Fisher that included Gotcher and Melton? What was your impression of that meeting, i.e., the end result? If you were not included, why not?***

I was not present for any such meeting. It is my recollection that the decision as to who would attend that meeting was made by Ms. Melton and Ms. Gotcher. Please feel free to consult with them.

***Whose decision was it to demote Fisher? Why was she initially scheduled to go back to a Clinician III?***

When Ms. Gotcher and I consulted with HR (Melton) she suggested that we demote Ms. Fisher to Clinician III. I was not comfortable with this and neither was Ms. Gotcher. I didn't feel that there was sufficient evidence to support such a demotion. I saw nothing in her past performance evaluations when she was an ANM that would support that she could not perform as an Assistant Nurse Manager. It was after her initial demotion letter that both Ms. Gotcher and I again approached Ms. Melton and pushed for an ANM position rather than a clinician position.

Ultimately I felt I had the responsibility to make the decision, but I needed to feel it was an equitable move. I was not comfortable that a demotion to CN-III was equitable. On the other hand I felt she had now demonstrated that she did not possess the leadership abilities to continue on as a full blown Cluster Nurse Manager.

***Were the complaints that were raised about her any different than complaints raised about other Nurse Managers on other units under your jurisdiction?***

Yes and no. From time to time I would hear complaints of a similar nature about the other Nurse Managers. Without exception when I looked into them they were isolated and typically a generally disgruntled employee. Only on one such occasion in my career did I find such a pattern and it was Jennie McClain, (caucasian) Nurse Manager over the Texas City, SRMF, I moved to terminate her and she resigned in lieu of termination. I found there was a similar pattern and prevalence of complaints against Ms. Fisher.

By way of a single example, shortly after she was assigned to her initial posting as the CNM of the Huntsville, Goree Ferguson units, members of her team requested a meeting to discuss their concerns with her actions. My memory is not crystal clear but I believe those in attendance were Jean McMasters (Practice Manager), Julie Lawson, (PA), Dr. Earnestine Julye, Ferguson Medical Director (African American), Dr. Glenda Adams, Denise Box, Sandy Rader and myself. Complaints presented by the team included that Ms. Fisher acted as a rebel and made changes to unit processes without consulting with her team, was running off old, established and well liked nursing staff, that she was confrontational and argumentative with both members of her team and toward her nursing staff etc. All through this process I defended Ms. Fisher and refused to remove her or reassign her. While I felt as if some of the complaints I heard may have been valid, I wrote it off to being a new and overzealous manager. I elected instead to advise her and consult with her and support her. Sadly over the coming months the pattern persisted to one

degree or another and when it again manifested itself at the RMF I felt I had no other choice but to take some sort of decisive action. This was additionally supported from what I was told from the interview held by Ms. Gotcher and Melton, i.e. that my conclusions were supported through the interviews conducted.

If you have any questions regarding the veracity of my claims of defending and supporting Ms. Fisher throughout this process I would strongly suggest you visit with Dr. Glenda Adams, Northern Division Medical Director and Julia Lawson, HV unit PA. I believe they will verify that I fully and completely supported Ms. Fisher for a long time until I felt I had no other alternative but to see that the complaints were in fact supported. I think Dr. Adams will also verify that no other Nurse Manager in our area had a similar reputation as did Ms. Fisher.

***Why was it decided not to go to the III but to take her down to an Assistant Nurse Manager? Whose idea was that?***

It was my decision. (see above)

***Was anyone pushing for Ford's rehire? If so, who?***

Ms. Wright desired to rehire Ms. Ford. I don't think I would go so far to say that she was 'pushing' for it. I initially agreed to it as I knew she (Wright) was in a dire staffing situation. Ms. Fisher brought out some issues I had not previously known about as well as reminded me of other issues I had in fact forgotten. I felt that it would set a bad precedent to rehire Ford and I was in agreement with Ms. Fisher when she pointed out the issues I had forgotten. In short she was right and I was glad she reminded me of that. It was not a point of contention or hard feelings for me. In fact I think you can verify through Ms. Wright that I told her that Ms. Fisher was correct and I respected that.

***Whose decision was it not to interview the nurses at the Estelle High Security, SAFP and the Estelle Building? What was the rationale for the decision?***

As previously stated there was no selection criteria. Conversations were completely voluntary based upon a desire to participate by the staff themselves. I am pretty sure the SAFP and High Security nurses received the email. Ms. Fisher didn't oversee the Estelle Building, Ms. Bonds was administratively responsible for nursing leadership at the building.

***In your opinion, why didn't the planned mediation between yourself and Fisher take place?***

I don't fully recall, so I hope this answer will be weighted accordingly, but I think it was Ms. Melton's decision. However, I would make the following observation. It took me a while to realize that Ms. Fisher wanted control without the responsibility and/or accountability that goes with it. By way of an example, the Kelly CAP. She admitted on multiple occasions (both privately and publicly) that she well knew the deficiencies that plagued Ms. Kelly, but she

wanted no part of admitting to Kelly that she was accountable for being a part of that. She at first tried to put it off on some meeting and some vague "someone" that felt Kelly was not performing up to par.

Another example of this and where her anger controlled her objectivity as a profession was when she tried to get me to make decision about sending nurses to Peer Review. She had two nurses that could have technically been sent to Peer Review. If we, as nurses, sent every single nurse to Peer Review that 'technically' met the current standard we would all have been before peer review at some point. There is a certain amount of good judgment to be used in deciding such cases. In this case she was short nurses and the spirit of her team was so low that sending the nurses before PR may well have caused even greater harm to her unit as a whole. Other alternatives were available such as coaching and training, mentoring, disciplinary, CAPs etc. She tried to get me to decide and I told her it was her place to make a recommendation, but that I would accept her recommendation. She continued to try to word it so I would make the decision and I still would not. This seemed to cause her great anxiety but she finally made her decision based upon ***personal*** feelings and not the "big picture". Yet another example of her essentially refusing to give up any control goes back to something as simple as providing an alternate contact to the Supplemental agency when requested to do so.

My experience with Ms. Fisher led me to see that as cited elsewhere in this document once she makes up her mind there is no changing it. An example of this is the Freeman transfer versus the Ford rehire. She just insisted that taking Ford back was the same as not allowing Freeman to transfer back to Estelle. All of the nurse managers present in the room at the time (and myself) tried to get her to see it was apples and oranges. Ford was not allowed back because of a precedent I tried to set earlier in my administration of not rehiring people with bad attitudes and behaviors. Freeman's transfer was stopped due to Freeman lack of rationale for the transfer. I even produced Freeman's own email where she admitted that she didn't provide any reason and that Freeman also admitted in the same email that **SHE** assumed that I would refuse her off hand. Nevertheless Ms. Fisher refused to accept this and was so ardent in her speech and actions that three of the CNM admitted to me later they considered her actions to me were insubordinate. The reason I ever agreed to mediation in the first place was to give one last shot at trying to improve our communication. That was prior to the refusal of a contact person above for the agency. Once that took place it demonstrated to me (yet again) that she was willing to place operations at risk for the benefit of her own desire to control things and that is not what a manager is supposed to do. It was at that point, given all else I had seen and knew, that I pretty well decided to begin disciplinary actions. From that point forward I don't think mediation would have accomplished anything. I would also point out that I had tried and tried to work with her and improve our communication and coach her (not in a punitive sense) but to get her to be sensitive to her people and motivate them and so forth. There was the usual lip service but no interest or real action.

***Why was all the information from as far back as 2003 included in the letter of demotion to Fisher?***

Because it was based upon a long standing pattern of behavior. As mentioned previously I had initially assumed that this was not a pattern, but essentially a growth experience. It finally became clear to me after many attempts to redirect her behaviors that it was in fact a pattern

which continued under a different set of circumstances it was not growth in the position. It also became clear that she had no intention of changing her approach to staff and leadership.

***Why wasn't the written complaints against Fisher ever provided to her. If the complaints exist, where might I get copies of them, apparently Sandy Rader does not have them either?***

Most of the complaints were either verbal or I received them after the fact (as with Aguilar). They were not forthcoming as they were afraid of retaliation. Another example was that a nurse would ask for a transfer. The official reason would be (X-Y-Z) but after the fact they would share confidentially it was because they couldn't take Ms. Fisher any more. Just because the complaints were not in writing didn't invalidate them.

However there is one formal grievance submitted by Ann Darby against Ms. Fisher. When I investigated it I initially gave Ms. Fisher the benefit of the doubt, but learned that is was in fact substantiated. Sandy should have the results of this. I also have a memo of record from Kim Roddey concerning Ms. Fisher's actions after her transfer to the Wynne unit. I will include the MEMO in the documentation. I did locate some independent documentation of complaints when digging through old records. Please review them for substantiation of my position on this.

***Additionally, I would like to know where I might get any written communication that was provided to her regarding the referenced complaints in #14 above.***

Refer to answer above.

***What do you think changed Fisher so drastically, i.e., when I compare the '05 evaluation to the '06 quarterly? The change is very significant based on the information provided on the two evaluations.***

When I initially came to the Huntsville District I noted that Assistant Nurse Manager Ms. Kelley's performance was lacking. She was forgetful, unorganized, prioritized poorly etc. When I hired Ms. Fisher to be her supervisor I pointed out the concerns I had with Kelley's performance. I asked Ms. Fisher to evaluate it personally and verify if I was correct in my assessment. She told me on numerous occasions that Ms. Kelly's performance was lacking but that she would work with her to improve it. After many months Ms. Fisher finally admitted that while Ms. Kelley was a nice person and a hard worker she would never be able to do the job to the level of that the organization expected. She made these admission on more than one occasion before witnesses (in meetings before the other CNMs) I asked Ms. Fisher to create a corrective action plan for Ms. Kelley and eventually she would be expected to come up to the level of performance expected or be demoted to staff nurse. I asked Ms. Fisher on several occasions what improvement was forthcoming and it was always the same answer; little or none. I told Ms. Fisher that sooner or later she would have to do something about the situation and she would always agree but never actually take any formal steps. This went on for approximately 18 months. I kept hoping she would move on her own and take appropriate steps. I don't like to micromanage and have to tell a supervisor to take steps that should be readily apparent. To leave

Kelly in that position was not fair to her or anyone else who had to work with her. It was not fair to others in the organization that might have the ability to do well at this job and never have the ability to promote due to her filling the position and finally it was not what was best for the organization as a whole.

Finally, one day I asked her (Fisher) and received the same old answer. I grew tired of the situation and I formerly directed her to formulate a CAP and to include Ms. Kelly in the creation of same. I waited a few days and I asked her if she had spoken to Kelly about the CAP. She said she did but was very vague about how she had gone about it. I went to Ms. Kelly personally and inquired about this. Ms. Kelly told me that Fisher had related that there had been a meeting and apparently "someone at that meeting" had said they were not satisfied with her (Kelly's) performance and therefore she would have to improve. I asked Kelly if Fisher had explained what was expected, i.e. improve or demote. She said Fisher she had not.

I was more than astounded that Fisher would use such an approach. She and I had spoken so many times and she herself had agreed that Kelly's performance was always and continually substandard and yet she attempted to sidestep **any** supervisory responsibility at all for initiating the CAP. I explained to Kelly what had taken place and that it was a decision that was made in conjunction with Ms. Fisher's report of her performance.

When Ms. Fisher learned of my conversation with Ms. Kelly she was furious with me. This led to a meeting between Fisher, me and Sandy Rader during which it was very obvious she barely contained her contempt for me. She was angry that I had dared to interfere in her affairs on her unit with her ANM. I was disappointed that she had refused to take any actions for over a year. I also felt that if she had taken proper supervisory actions it would not have been necessary for me to become involved. She told me that she felt that I used things from her conversation with me and her staff as a weapon against her and that I had violated the confidence we had between us. From that point forward our relationship changed and she was evasive with her answers, a loner and no longer a part of the team I had been trying to build among the cluster nurse managers.

Eventually Fisher, Kelly, Rader and I met to discuss the CAP for Kelly. I had taken the liberty to review Kelly's past performance evaluations and learned that the same patterns had emerged. Those included a lack of leadership ability, lack of time management, lack of organizational skills, etc. This had been in her evaluations since she was promoted to the ANM position several years prior. This further supported the pattern that I had perceived and Fisher had also independently acknowledged.

During the course of the meeting I was very clear that I expected that Ms. Kelly to participate in the creation of the CAP and if she was not comfortable with any part or any expectations she was to say so. The final CAP needed to be fair and meet with her approval if at all possible. When Ms. Wright assumed the leadership of the unit I asked her if the CAP had been kept up to date (reviewed regularly) by Ms. Fisher and she said it had not. I asked that she (Wright) continue with the CAP. She asked me if she could alter it based upon her needs and the duties she assigned to the ANM position. I agreed with the caveat that again Ms. Kelly was expected to participate in any alteration and she had to feel it was a reasonable expectation. This took place

and Ms. Kelly never did completely fulfill the CAP. Please contact Ms. Wright in regard to this and many other things she learned after taking over for Ms. Fisher.

I was later told anecdotally that the staff thought that Kelly should have transferred with Ms. Fisher so she would continue to be "protected". It seems at least some of the nursing staff perceived a special relationship or sorts existed between Ms. Kelly and Ms. Fisher. I believe that Beth Pipkin, ANM of the FE might be able to confirm this.

This leads me to relate to you another idea of how Ms. Fisher had a warped sense of right and wrong. She told Beth Pipkin that she ***had*** to give her a CAP because I had made her give Ms. Kelly one. She didn't give her one because of her performance, but because of Ms. Kelly. Now I ask you does that make any sense at all? Is that the kind of manager you want to work for or would respect? (see attached image files from a document written by Pipkin)

***Why was the decision made to move the Nurse Managers around?***

This was a joint decision made principally between Denise Box and I however we also discussed it with Dr. Vincent and Dr. Adams and Ms. Gotcher. We all agreed it might be beneficial. I felt that all of them needed a change of scenery. I had made such a move when I was the DON of the southern region in Sugarland. I moved two CNM there and it seemed to have been a good change. In the case of Ms. Fisher specifically I thought it might also give her a bit of a break as she was putting in many hours between the three units she had at that time. I felt it would also serve to demonstrate if the complaints I had received would follow or were they merely circumstantial.

***What would you say regarding Adams' performance apart from what I have generated from looking at her evaluations?***

I have no idea what you generated from looking into her evaluations. I feel her performance was adequate, but I also feel as if she was burned out. She was not happy to be moved at first as she felt it was because she did something wrong and was being punished. She later told me she was so happy I had moved her as she didn't realize how stressed she was until she had assumed her new duties.

***I was told that Aguilar had a similar incident to that of Kelly's, i.e., he did not assess a patient and the patient eventually ended up in Galveston and died. Is there truth to this, if so why wasn't Aguilar disciplined? If so, how was it that he was able to get a promotion a few months later?***

Needless to say I can not address his promotion as I had no part of that process. My recollection of this is vague, but I seem to recall it revolved around a patient who was both physically ill as well as having some psychiatric symptoms. Ms. Fisher was worked up that the patient was not placed in a psych holding cell. Well we are an inpatient facility at the RMF and that psych obs policy is essentially made for an outpatient setting. This patient's room was right across the hall form the nurse's station. We have no psych holding cell per se. I don't think his condition would have allowed for him to have been placed out in front of the nurse's station. The man

eventually died from some sort of medical complication as I recall. It had nothing to do with his mental state. And if I recall correctly he *was* assessed by the nursing staff, though perhaps not as well as he could have been. The charting done is by expectation and it leaves a lot of room for interpretation as to what went wrong and where, by whom. Essentially if nothing bad is charted and the last entry was not abnormal, then to some degree it is assumed all is well, when in reality it may not be. But there may be no way to prove that from the charting.

The patients transfer was delayed due to lack of transportation if I recall which there was nothing the medical staff could do about it. The irony is that Ms. Fisher was upset that he was not placed in some sort of psych obs situation, she didn't seemed particularly upset that he died from a medical condition and as such the focus should have been on his physical assessments. It is my feeling that she was so focused on trying to find something on Mr. Aguilar that she overlooked the forest for the trees.

And seeing as how you brought up Kelly, her performance was also one of a pattern. Some months before the incident you cited with Ms. Kelly, Ms. Fisher failed to send out a suicidal patient form the Ferguson unit in spite of a psychiatrist order to do so. This patient later committed suicide. That caused some professional issues for her with TDCJ and other sources. I might add that I defended her in this as well, even going so far as writing a formal letter on her behalf to a state agency to defend her. I performed several in-services about what to do in such a case so we didn't have this sort of thing happen again. Ms. Kelly fully well knew of this. Some months after the fact she failed to take proper actions regarding a patient who declared to her he **was** suicidal **and planned to hurt himself** and he had an extensive psych history which as I recall included acts of self injury. She left the patient in the hands of lay persons rather than bringing him back to the medical department where he could be watched and/or guarded. As a result of her leaving him without medical supervision/oversight, he was transferred off site and she had no idea where he went, or what care he was receiving or even if he was alive or dead. They had to track him down in the system and thankfully he had not harmed himself.

After that she failed to assess a patient who had a suspected dislocated shoulder and who (if she had bothered to check) also had a history of dislocating this shoulder and finally she failed to check on a diabetic patient who complained of having a low blood sugar. This last incident was pending her return and happened in March and was reported to me by Lt. McWhorter of the Huntsville Unit security. Ms. Write can elaborate on this last incident. And last but not least, Ms. Kelly's performance was more than lack luster regarding her CID duties at the Goree unit all of which was discovered **after** she went out on extended medical leave. Again, see Ms. Wright who discovered all of the problems left behind. These last two incidents are supported with attached files

***What is your recollection regarding orienting agency nurses to the various units? I have not been able to find anything definitive in writing regarding this, do you know of something in writing and where I might get it? Did you instruct the Nurse Managers, the Assistant Nurse Managers, the nurses on call as to how you wanted this to occur, if so, where can I find this document?***

I can not recall any specific documents. As I no longer have the resources to research I can not assist you in this. However it is just common sense to provide orientation to a nurse when assigning him/her to a new unit. The best nurse in the world will only be as effective as their ability to know something about the system. It is a professional liability to the nurse assigned and the one making the assignment as well as a risk to the patients and UTMB as a whole not to do so. This is understood by all managers to the best of my knowledge.

***What is your recollection regarding the salary change that was requested by Kelly?***

It is that she requested a salary equity review. I seem to recall she was not being paid equitably. We had been reviewing several of these equity issues about this point in time. Sandy determined that she was not paid equitably when compared with other ANMs with a similar number of years of service. There could be several reasons for this inequity so I should not speculate as to why that was the case.

***What interaction did you have with Kelly before the salary issue was raised? Can you document any interaction that occurred before the salary issue?***

See above. Usually I refer salary equity issues to HR. I do seem to recall it was an equity and **NOT** a performance issue. I think Sandy and I may have had some discussion regarding this and were concerned that giving her a raise would send the message that it was performance related not equity related. But please check with Sandy Rader.

***Do you believe Kelly was treated like any other assistant nurse manager based on the incidents that have been associated with her? Can you give me names of persons who were treated similarly? Can you provide me with the incidents and where I might be able to obtain documentation?***

No I don't think Ms. Kelly was treated like any other ANM, I think she was treated better. Her ability to adequately provide patient care was also becoming questionable. Her manager protected her and "worked with her" for many months and apparently thereafter as well if you can believe the rumors. Furthermore, Leigh Gossett was given a CAP by Ms. Adams. Ms. Fisher had the opportunity to pick it up and continue it when she arrived. She asked if she could change it and I agreed to let her with the same caveats given to Ms. Kelly. Mr. Brophy was on his way to getting a CAP as well, but he was demoted to staff nurse. Other ANM have been moved out from under their current nurse managers and/or given a CAP to change their performance (Helen Tarbuutton/Elisabeth Ford). Ms. Kelly was allowed to remain where she was and given every opportunity to succeed and she failed to do so. Marty Harris CNM for dialysis was given a CAP and resigned instead of attempting to fulfill it.

***What was your involvement if any in the Freeman incident?***

My involvement in the Freeman incident is exactly the same as in every other incident with one exception. In every disciplinary action the Nurse Managers are directed to bring it to my attention before taking any written formal actions. I am ultimately responsible for the nursing performed under my purview so I want to know about each incident. I will ask the NM to investigate the incident and give me the findings. If I feel they have omitted something either for or against the nurse I will asked them to correct that. It is then presented to HR. If and when we all agree to the next step we go forward. In the incident I feel you are referring to I did involve Dr. Adams to see if she felt as I did that the risk to the patient with the dislocated shoulder was as serious as I suspected. She agreed it was.

The one thing different about this incident was that when Ms. Gotcher and I were on the unit she ran into the Assistant Warden Wakefield. They were old acquaintances. We were invited into his office and he shared more information regarding Ms. Freeman that we did not previously have privy to. Such as the fact that he had submitted other complaints against her to the NM (Fisher) and the Practice Manager, (McMaster) in the past and from his perspective nothing was ever done about it. He personally found her (Freeman) back in the inmate kitchen cooking food and fraternizing with the offenders and he banned her from returning. He related that she (Freeman) was frequently rude to his officers and inmates alike and frequently refused to see offenders for reported medical problems. I asked him if he could find the older documentation to support this and he was unable to do so. Still I feel an Assistant Warden has certain credibility due to his position. In this instance he also told us of more details that had been documented by his security staff that we were unaware of. With this in hand I spoke to the involved security staff and obtained statements since I was on the scene and it was pretty obvious to me the warden expected some sort of action taken.

In order to be certain this was completely unbiased and balanced I spoke with Ms. Wright and asked her of she was OK with this disciplinary action. I needed to know she was in agreement and was not pursuing it for my sake. She said she was and in fact was slightly annoyed with me for asking her. She told me that she would never pursue such a thing unless she was satisfied it was appropriate. Ms. Wright also related that when she presented all of the facts in the case to Ms. Freeman, that Ms. Freeman had to admit that she had done as was described on paper.

When I made a spot visit to the unit one day it was Ms. Freeman, not I, who brought up the incident. She justified her lack of response to the offenders medical complaint as : (1) She had to work a long shift the next day and was tired. And (2) she knew UTMB was watching overtime and asked me if I would support the overtime to see the patient. I explained that overtime should never be an excuse not to see a patient with a medical complaint, particularly one with such potential for a bad outcome i.e. loss of limb.

I think it should also be noted that Ms. Freeman wanted to transfer to the Estelle unit. Both Denise Box and I were reluctant to grant the transfer because it was common knowledge that Ms. Freeman was a trouble maker in general. This was her reputation on the RMF even before I ever came to Huntsville. In specific it had been reported to me by numerous staff members that when Ms. Fisher was not around that Ms. Freeman would drop her name (Fisher's) and insist to the staff that they were personal friends and as such she was untouchable. Ms. Fisher denied this or that she and Freeman had any relationship outside of work. I later learned that Ms. Freeman had

babysat Ms. Fisher's children on many occasions and they conversed frequently by phone on a daily basis. I also explained that my reluctance to transfer Ms. Freeman to Estelle had more to do with hurting Fisher's career if the rumors were true and I didn't want to have it undermine her ability to effectively lead or have the rest of the staff to feel there was a bias there. I explained this to Ms. Fisher in the presence of Denise Box who also agreed with me. Per her usual pattern she denied it was an issue.

I finally agreed to the transfer of Freeman to the Estelle unit after consulting with both Dr Vincent and Ms. Box with the proviso that she would be at the High Security building where she would have limited exposure to adversely influence the bulk of the nursing staff. Ms. Wright and Ms. Fisher had already arranged it. Ms. Freeman just had to provide a legitimate reason for the transfer. I had made it a process that all transfers within the district had to be approved by me. When Ms. Freeman came to me and I asked her for the reason to transfer to the unit she had none. I asked her three different times and all three times she had no reason except that she just wanted to. I didn't feel I could start a precedent for that lack of reason so I felt compelled to deny the transfer. I was dumfounded by this. When I email her my decision she responded with a disrespectful and insubordinate reply. (I have this documented)

I suspect that when you spoke with Ms. Freeman she presented you with a nice, sweet lady who was just a victim of circumstances. Ms. Freeman is a bully and when someone stands up to her she backs down. When I did it she suddenly played the role of the poor victim. Read the tone of her emails toward me and I ask you if that sounds like a poor sweet lady? You will note my emails were professional but the ones from Ms. Freeman were pretty coarse.

***Can you provide me with any incidents that might be similar involving others?***

If you mean disciplinary actions I have been involved in yes….I hardly know where to begin….

Jan Cooper, RN (Wynne Unit) (W)
Ron Evens (ANM, Wynne Unit) (W)
Sallie Brown (CNM, FBOP) (W)
Jennie McClain, (CNM, Texas City) (W)
Lois Harris PCA (Estelle Building) (B)
Kathy Miller (CNM, Scott/Retrieve units) (W)
Deborah Maddox-Turner, LVN (Wayne Scott Unit) (B)
Sheree Newland (Estelle Building) (W)
Carol Nichols, LVN (FBOP) (W)
Leila Jeffero, (ANM, Mark Stiles Facility) (B)
Marianne Anderson, RN (Estelle RMF) (W)
Janet Henley, LVN (Ferguson) (W)
Marty Harris, CNM (Dialysis/Estelle) (W)
To name just a few……

I think it is also noteworthy that it was ***I*** who requested the EEOC investigation in March of 2006, well before any complaints were made. I have known John Pemberton, Dorita Reed,

Sandy Rader and Georgia Melton for years. I have no doubt they will report to you that I have always been above board in any dealings I have had with any employee regardless of race. I personally and professionally resent the implications that I have made any decision out of retaliation or based upon a racial bias.

When I get an occasional complaint against someone I take it with a grain of salt. Everyone gets the occasional complaint from a disgruntled employee. I look for patterns of behavior. People are creatures of habit. If they are doing something wrong chances are very good they will continue to do so if they are getting away with it. Feel free to look at the case of Jenny McClain in Texas City. John Pemberton is very familiar with this case. On the surface she seemed to be the quintessential Nurse Manger. She was poised, she knew politically powerful people within UTMB, she had a Master's degree and was active in professional organizations etc. But when the complaints burst forth it was just amazing all of what was going on beneath the surface. I later learned this behavior had been in place for years. And also in that case virtually everyone was fearful of giving written statements for fear of retaliation. If you look at my investigation I have a large amount of interview reports, but very few if any written statements. But I still felt taking action was the right thing and I did. I have seen this pattern before in this system.

So I looked at the pattern with Ms. Fisher. The same complaints keep arising about her talking down to staff and the fear of retaliation, having favorites who can do no wrong, providing unequal treatment to the nurses. I heard it from employees at Ferguson, Huntsville and Goree. Then I heard it from employees at Estelle RMF. An entire management team comes forward and requests her removal. This may well be a first. I don't know if this has ever occurred before. Still I backed her. When I refused to remove her at that time I suspect it sent a pretty strong message to people who had complained that she was somehow protected. It was not the intent, but may have happened nonetheless. Then she moves to Estelle and I have all four of the ER RNs (a majority of the RN staff) and all three Assistant Nurse Managers at some point along with assorted line staff paint the same picture of her. Then I spoke with the agency administrators at Supplemental Health Care who supplied contract nurses. They also told me that their nurses felt they were abused by Ms. Fisher and as a result did not wish to return the RMF.

By way of yet another example of her openly vindictive behavior:

We instituted a provider assisted sick call process at the Huntsville unit that involved Julia Lawson, PA. The idea was that the provider would see a majority of the sick call thus freeing up nurses to do other things as we were in a chronic nursing shortage. Ms. Fisher made no bones about the fact that she wasn't keen on the idea and that she felt like her control over the nurses was being challenged by Ms. Lawson. The process was not working well and it seemed no matter what was tried it didn't fair well. One day I decided to go see for myself. When I arrived the waiting room was full of patients. The nurses (2-3 including Ms Kelly) were in the nursing station piddling around with no patients. Ms. Lawson was almost in tears and very obviously overwhelmed. I intervened and asked Ms. Lawson what needed to be done. She simply needed some coordination between herself and the nurses. I pulled the staff together and had nurses start seeing patients in conjunction with the PA and soon all of the patients were seen. The stress level was palpable at first. I returned the following day and repeated the same steps. Slowly everyone began to relax and even began smiling and joking with each other. The third day I

returned to make sure things remained on track and they were well on the way to becoming a good operation. I then mandated that no one was allowed to alter this process without my express permission. To the best of my knowledge that resolved the largest part of the problem. Ms. Fisher later made a comment, in front of witnesses (the other nurse managers) that she wished I had let the dysfunction go on another few days as Ms. Lawson was on the verge of breaking. I think this well demonstrates her desire to manipulate things to meet her own personal agenda even if it damages the system and staff and does not meet the mission of the organization.

On her issues with not having control:

Just before Ms. Fisher was to go out on medical leave with her son I asked her how many nurses (agency nurses) she needed in her absence to cover the RMF. She said no less than three. She then added that she was not having much luck finding any. I inquired about several agencies we use and she said she had no luck. As an afterthought recalling the reports of complaints from the agency nurses, I called Supplemental and spoke with Brian Allison. I asked him if we had a problem and he told me we did and it was Ms. Fisher and the way she treated his nurses and for that reason the RMF in general and Ms. Fisher in particular had a reputation and they did not wish to return.

I asked him if I selected another contact person besides Ms. Fisher would that help and he said yes he thought it would. I told him I would re-contact him and let him know. When Ms Fisher came to my office later that day I told her I had been in contact with this agency and asked her to select another liaison for them. She refused without a reason. She said she would do without them. Not two hours previously (in front of witnesses) she told me she needed no less than three nurses to run the complex and now, when faced with a challenge to her authority she needed none? This indicated to me that she was willing to sacrifice the mission of the RMF for her own ends. She indicated that she didn't believe me and asked that I get Brian back on the phone so she could hear it herself. This is professionally precarious, but I did so and Brian repeated to her that his nurses felt she was the problem and didn't want to come because of her. She attempted to argue with him as is her pattern and I stopped the conversation. I gave her a time limit to either find other nurses or provide me with another contact person. It was just before her departure, after I had to ask her twice in emails, that she provided me the name of Ms. MacCartney. I asked MacCartney later if she knew she was the selected contact person and said Ms. Fisher never bothered to tell her. I later spoke with Supplemental and she never told them either. I documented this with an incidental note and an email to Ms. Gotcher and Ms. Melton. I am pretty sure I can produce my incidental note and Ms. Gotcher and Melton will recall the email.

An example of her inconsistencies of disciplinary nature:

She disciplined several staff nurses at the Huntsville unit for leaving a sharp instrument out laying in the clinic and the sharps count being off. When she maintained that she sharps count was off at the Estelle unit she wanted to do the same thing. Initially I agreed to allow this. I later heard I wasn't getting the whole story so I asked to see the disciplinary and related documents. Upon reading the statements it seemed pretty apparent that it could have been a mathematical error as opposed to reckless negligence as it was at the HV unit where the instrument remained

out in the open for at least 1-2 days. It just so happens one of the persons to be disciplined was Mr. Aguilar who had already informed me he thought she was out to get him. When I questioned Ms. Fisher in detail she maintained it was the same situation. I pointed out that an instrument was in fact missing at the HV unit and this seemed to have been a mathematical error at the RMF. Furthermore she was not sure of exactly who was responsible but was willing to punish all who may have been involved (or not). At first she maintained it was a missing instrument then later admitted that yes, perhaps it could have been a math error. I asked her what she told security and she told them it could have been a math error. Yet she was willing to insist to me that it was a missing instrument. They are not the same thing. She later accused me of allowing her to administer discipline to black staff at HV but not the white staff at Estelle. In truth I had no idea who she administered the discipline to at HV. Yes I reviewed the papers, but I didn't relate all of the names to faces. I have over 200 employees in the district and I had no idea who was who or what their race was. At that point I trusted her judgment in such matters. By the time this had arisen at Estelle I was not quite as trusting and gave her actions additional scrutiny. It is interesting to note that I was later informed that Ms. Fisher was also apparently involved in the counting of instruments during this same time period and it seems she may have also overlooked the missing instrument at the HV unit, yet she didn't discipline herself. (refer to Ms. Wright for details)

An example of how Ms. Fisher does not wish to empower her staff:

In 2005 I conducted training regarding process change on the unit. I directed each CNM to go back to their respective units and try the process I had trained them to use. At a managers meeting on 3-24-06 I asked them to share with the group how the experience had gone. Most all of the CNM had good experience. Ms. Fisher was a notable exception.

Ms. Fisher described that she had good success with it on two pods but that the ER nurses had a fit when ***SHE*** made changes in the ER. Upon closer scrutiny Ms. Fisher didn't utilize the process as taught. Rather she reportedly told the nurses in staff meetings that the PAR levels needed to be rectified on the units. She gave them what she considered an adequate amount of time (never told them the time) to make the changes and when they failed to do so she made them herself. This didn't bring the focus back on the employees to resolve the problems. By taking unilateral actions without further discussion, direction or warning she alienated the staff.

Most everyone present at the meeting agreed she failed to follow the process as taught and thus lost the principles of empowerment with the staff. She stated that she felt she made her expectation known to the staff and asked why she should involve them if they didn't take the time to rectify the problem. I pointed out that it was about bringing them together to resolve their own problems and in so doing you removed many opportunities for them to complain about their own resolution. She was to act as a guide for the process and a coach and not just do it herself. Her performing the task did nothing to empower her employees and force them to take ownership and responsibility for the process changed. Instead she became the target of their ire.

She was encouraged to try the process as taught on the remaining pod for correction. When she voiced potential obstacles many of the CNMs, particularly Ms. Adams and Ms. Mason made good suggestions to resolve the obstacle and use the process. She didn't seem particularly

enthusiastic about the possibilities and never committed to even trying. She later related that empowerment of the staff was wasted if they didn't use it. I couldn't disagree more. Empowering a person is never a waste of time or effort. But I think this very well demonstrates her mind set regarding power. She seems to work from a zero based power theory. Any power she gives to others she loses herself and thus thinks she is diminished. Philosophically I disagree and feel this is a root of many of her problems.

I suggest that you contact and interview the following individuals for additional perspectives:

Kim Roddey, Former CNM, Melrose, CO Email: kimroddey@hotmail.com
Glenda Adams, Northern Division Medical Director
Julia Lawson, PA, Huntsville Unit
Lavina Wright, CNM
Victor Aguilar, CNM
Anne Darby, RN (Estelle RMF)

I think that Ms. Fisher has positive attributes. She is intelligent, knowledgeable, and hard working. I suspect that if she considers you a friend she will stick with you through thick and thin. If you agree with her and she feels you are no direct challenge to her or her authority she will probably get along very well with you. On the other hand if you cross her or she feels threatened by you, things will not bode well. Ms. Fisher does not have the ability to include other perspectives if they don't match her own views. Once she makes up her mind about a situation she is not going to change that view. She does not listen well and only listens long enough to THINK she knows where the conversation is going and then jumps ahead with her view and there ends the discussion. If she is made to follow a plan she does not support she will most likely be passive aggressive and allow the plan to fail and falter through neglect or subtle sabotage (is with the HV provider sick call process and lack of follow thru on Ms. Kelly's CAP). Up till very recently I didn't think she would actually be untruthful but I am no longer so sure.

I would also ask that you take note of one more thing. In case you were unaware of it. I am the same person who ***hired*** Ms. Fisher in the first place. I was new to this area and didn't know reputations or the people etc. About all I had to go on was her interview and application. On the surface Ms. Fisher appeared to by a bright, dynamic, well rounded individual. She seemed to have every quality that would make her as a standout in the organization. I felt she was a success story waiting for a chance to happen. I thought all she needed was a little time and seasoning and experience to do well. I held high hopes for her. It may well have been that mind set that blinded me in some respect and kept me from seeing the real Ms. Fisher before I did.

If all of this were truly based upon race and racism or was in the least way racially motivated, why on earth would I do such a thing? I also defended her from more attacks and criticism that I can now look back and count. So why, all things being equal, would I take any untoward steps against her without truly feeling I had GOOD reason and certainly why would I do it based upon race?

While looking through old records to find documentation to support this long involved story I found quite a few. Many were old enough that I had completely forgotten about them. I had to scan them in for email Once I realized the size of the scanned documents it was obvious that emailing them was not practical so I printed them out. Unfortunately due to the fact that they were scanned by hand with a flatbed scanner some of the prints are vertical and some horizontal and some combines. Sorry for the printed mess. They are still quite readable though.

I hope once you get a chance to review these files in conjunction with this response you will see that I tried to be fair, honest and supportive. The Roddey MEMO was addressed to Carol Warren, DNM who was responsible for taking Ms. Fisher into her chain of command after she was demoted. I have also included an email from Georgia Melton which I think supports my claims regarding ANM versus NC-III. As I pointed out previously, I verbally requested an EEO inquiry back in I think it was March of this year to Ms. Melton. I finally made it formal with an email to Ms. Gotcher some time later. As I have maintained, I have nothing to hide Mr. Williams. If I erred in any way it was only by honest fault and not by design.

There are copies of emails from a Harriett Clark that vaguely reference Ms. Freeman. I was unable to find them all, but there was one (missing) that was reasonably serious and it involved Freeman backing Clark (physically) into a corner and implying a physical threat. I asked Ms. Rader to contact Ms. Clark and investigate this further but she never did. Ms. Clark resigned out of fear of Ms. Freeman. One email of hers references going to the Huntsville unit. The nurse Manager (Ms. Wright) offered to let Ms. Clark transfer to avoid having to work with Ms. Freeman and she writes that she was not interested as Ms. Freeman had already made it know she would get her if she went to the Huntsville unit. I seriously doubt that, but it made for an effective tool of intimidation.

There are several references to an "obs bed" project. This is a sort of regional observation project they also refer to as a "hub" project and it is intended to send medically stable patients from nearby units to the RMF for close medical care for say 6 to 12 hours or so rather than straight to the free world ER. It is a big deal because it involved extra training for the nurses. Buying and deploying bedside lab equipment, buying new EKG monitors, creating and maintaining logs etc. On 3-10-06 during a meeting between Ms. Fisher and the two ANMs I specifically instructed her to begin making perpetrations for this new project. As you can see she never bothered to even mention it to the ER nurses. Ms. Fisher maintained tight control over everything including information flow. In order to get the ER nurses on board one would seem to think it would involve opening discussions with them and having some dialog about what was coming, what it would involve, getting input and suggestions etc. That simply was not her way. Her way was to give orders and if the people who got those orders knew what was good for them they better do as they were told without comment.

I specifically directed her to meet with her ANMs at LEAST once per week or more so if THEY (not just her) thought it was needed. The main thrust of this meeting was to improve communication between the three who made up the entire nursing management of that unit. She failed to meet even once following that meeting with me on the 10th. Both MacCartney and Aguilar complained that she was telling them nothing and making changes on the fly they were

later responsible for dealing with, but were given no foreknowledge. Does that sound as if maybe they were being set up to fail? It did me.
Aguilar later told me verbally when MacCartney got up to go to the bathroom that Ms. Fisher told him I had related every conversation I had ever had with him to her (sold him out) That was just a plain, unvarnished lie. In fact it was just the opposite. I tried very carefully to cover his concerns or at least not let her know where they came from as he stated to me repeatedly that he feared she would retaliate against him if she ever knew he spoke with me. I don't recall even one time that Victor ever came to me to complain about her. It was when I would ask an open ended question about how things were going and he would look down at the floor and then open up to me. So you can sort of appreciate that she was willing to stoop to bold face lying to drive a wedge and damage a relationship to gain her ends. After that poor Aguilar didn't know who to trust and left as fast as he could. I don't blame him either. I literally saw Aguilar come into the RMF with a spring in his step and a fast walk and always a quick smile for everyone. When he left he dragged his feet, seldom smiled and walked with his head down wherever he went. It was so obvious he was physically broken down by the experience. This is the Jackie Fisher you don't see but I was finally beginning to see.

If you have any question please contact me. I can usually be reached at home between the hours of 6-9 PM. Home 936-295-7234; Cell 936-661-1224. It would be best to let me know ahead of time to expect the call so I may plan accordingly.

I pray that you give my view due diligence. I also ask that you please speak with the personnel I listed in this document. This is a deeply personal matter to me. As you can see from my lengthy response I have invested a great deal of time and thought into this situation. Since I am no longer employed by UTMB I could have just as easily "blown it off" and let the chips fall where they may. But I don't feel that way. I **FEEL** grievously offended by what has transpired and I sincerely wish nothing more than vindication by a fair and impartial investigation.

Sincerely and Respectfully,

David Watson

PS

There was a late breaking development I thought you should know about. I just started this job on 11-27-06. My boss came down from corporate Thursday 12-7-06 and wanted to meet privately with me. He said he had received news from the local HR office that some unflattering rumors were circulating about me (specifically this investigation and others from UTMB). Care to guess where they seem to have come from? Well if you guessed Ms. Freeman you would be correct. Ms. Freeman works at the hospital part time. I haven't bothered to tell the world what I think about her, (and I won't) but I don't seem to be receiving the same courtesy in return. I think this speaks volumes about the character of the people in question.